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## A PATIENT'S STRUGGLE FOR DEXTRO- ULARITY.

BY

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In the May, 1906, issue of *American Medicine* I reported the case of a patient, a physician, who had suffered atrociously for 30 years. His single disease had been eyestrain, at least up to the time when insane surgery had not added its possible of injury and insult to the man's already overgreat misery. This outrage consisted in tearing out the four healthy trunks of the infraorbital and supraorbital nerves. So blunderful was the operator, *quâ* surgeon, that he had destroyed the function of the levator, the motor nerve raising the right eyelid, and the man had complete ptosis of this lid. As I suggested in my former report, one could hope for little relief when terrible eyestrain and surgery had done their worst. I expected to do so little toward cure, or even relief that I thought the case history at an end and therefore reported it as if complete. And, as I said, one of the most hopeless of conditions had been needlessly added in the paralytic ptosis of the right or dominant eye. This, in a right-handed man of 38, must prove a great calamity by suddenly throwing into the adult mechanism of dextrality the morbid faculty of absolute sinistrilocularity.

Following the wearing of spectacles correcting the patient's ametropia there was such great

relief of the pain, neuralgia, etc., that there was danger of forgetting the morbid left-eyedness caused by the ptosis. Within a short time the complaints began returning, but they were noticeably vague. Every former one had greatly lessened or disappeared but there was pain in the antrum and other indefinite trouble seemingly as unendurable as before. I begged that the long journey to visit me should again be made.

When the patient came it was soon apparent that the chief source of the present afflictions was that the right eye was shut out from its normal function. The perfect proofs of this were the following:

1. Although there was only a narrow slit between the lids a glimpse could be obtained of the book or of more distant objects by throwing the head far backward; the patient was thus ignoring the sound left eye whose vision was perfect, and he was going about with his head bent back in an extreme and torturing manner in order to gain a glimpse of objects with the preferred right eye.

2. To gain some relief from the suffering in the neck, etc., from this most unnatural posture, the patient had to bend the head forward frequently, and thus there was an incessant rocking of the head far backward and then forward.

3. Vision was decreasing in acuteness in both eyes, and both for distant objects and in reading. Halos and dark spots in the field of vision were appearing, and worrying the patient, ocularly and mentally.

4. The pupil of the left eye was becoming

continuously dilated and only partly responsive to light and accommodation.

5. Both eyes, especially as to lids and conjunctiva were becoming morbidly congested and even inflamed.

6. Great drowsiness, complaints of being tired out, etc., were growing worse. The mind was incapable of work, and there was a dull and lethargic condition very noticeable.

7. The morbid efforts to raise the right lid were wearisome and irritating.

8. Most important of all was the continual shutting of the normal left eye and with morbid effort, reading with the right eye.

There was no doubt in my mind that the struggle for dextrocularity was at the bottom of all the mischief and that unless the right eye could be got into function, life-wreck was imminent. The traumatic ptosis must be done away with!

One of our most experienced ophthalmic surgeons was consulted, and after thorough study he refused to operate. He probably had no sympathy with my theory of dextrocularity. He did not see why the left eye should not take up the sole function of vision, feared the operation might not be successful, etc. As I believed the man's life depended upon reestablishing the function of the right eye, I took the patient to another surgeon, Dr. Geo. C. Harlan, of Philadelphia. He consented to operate. Within a week the dominancy of the function of the right eye was restored, and at once all the symptoms enumerated above disappeared. From the last letter dated March 11, 1907, I quote:

"I have been more busy than in years, and am in the best condition. I have no trouble now, and read all that I have a chance to. The lid is up for all practical purposes, but for long distance vision I tilt the head backward a little. If the other eye were gone I could get on well. There are no spots or halos before the eyes, no cloudiness, etc. I have no pain except from colds, or from sneezing. The antrum trouble is well. I feel like a king, and enjoy my work. You have been the best friend I ever had. I am interested in your fight. I am going to read a paper on eyestrain before the next meeting of our State Medical Society.